(5)

Reprinted from
The Birmingham
Medical Review,
April, 1903.

Some Notes

CONCERNING

The First Egyptian Medical Congress.

By W. D. SPANTON, F.R.C.S., Hanley.

Printed by
Percival Jones Limited, Edmund Street,
Birmingham.

SOME NOTES CONCERNING THE FIRST EGYPTIAN MEDICAL CONGRESS.

By W. D. Spanton, F.R.C.S.

Le premier Congrés Egyptien de Medécine, at which I had the privilege of being present as a delegate from the British Medical Association, was, in many respects, a memorable one; and a few notes concerning it will, I feel sure, be of general interest. To those who, like myself, visited Egypt for the first time, it is like the opening of an old volume in which the romance of ancient world history is recorded, and seeing it, as it were, for one's self so as to realise what was only dreamlike and unreal before. Amid such surroundings as Egypt affords, it would be difficult indeed not to appreciate and to enjoy a scientific congress—especially when the social side of the question was so well provided for as it was in this instance.

The original intention was to make it essentially a Russian Congress. This failing, it was taken in hand by the French medical men, and, rather late in the day, our own fellow-countrymen joined in the movement. The Congress was attended by five hundred and twenty members, of whom one hundred and fifty-two were Egyptians.

The sectional meetings were held at the Cairo Medical School at Kasr-el Aini, and the general meetings in the Khedivial Opera House—a large and commodious building well adapted to the purpose. The Khedive took an active personal interest in it, and its success is, in a great measure, due to this circumstance. Not only did His Highness preside at the inaugural meeting, but commanded the accredited delegates to be presented at the Abdin Palace; and held, later, a reception for all the members and their families. The Khedive also invited the members to visit the Barrage, taking them down in his private yachts, and entertaining them

in the gardens. The entertainments formed a delightful background to the Congress picture, and threw into greater relief the more serious work of the meetings.

Perhaps I had better describe the work first, and the pleasant sidelights afterwards.

The inaugural meeting at the Opera House was a brilliant ceremony, though it was strange to see ourselves arrayed in full evening dress with electric illumination at ten a.m. The speeches presented by the foreign representatives to the Khedive made graceful allusion to His Highness's interest in the Congress, the debt we owe to Egypt as the birthplace of medical science, the advances which have been made in recent years, and the value of the discussions which would ensue concerning the diseases of warm climates, and especially those of Egypt, which forms a natural link between Europe, Asia and Africa. As the first Congress of this kind ever held in a country where such diseases are met with, this meeting will constitute a land-mark in the history of medicine.

The Cairo Medical School, which accommodated all the sections, is an English institution under the direct control of the Egyptian Minister of Education, the English hospital adjacent being under the direction of the State Sanitary Department. The director of both is Dr. Keatinge, who has the difficult task of serving two masters, and, what is more, succeeding in pleasing both. His active co-operation greatly helped to bring the Congress to a successful issue. The heavy task of organisation was shared by medical men of the different nationalities residing in Egypt, who all worked with energy and enthusiasm in promoting a movement of so much importance to their country.

The work of the Congress was distributed in three sections: Medicine (including tropical diseases and pathology), surgery, and ophthalmology, and extended over five days—from the 19th to the 23rd of December.

A most admirable summary of the proceedings was published in the *British Medical Journal*, which gives a very good general idea of the scope of the work. I was particularly impressed by the excellence of the numerous pathological

specimens exhibited to illustrate some of the papers read. Some of them were not only beautiful in themselves, but of great rarity, and such as in this country are never met with in ordinary practice. Possibly the Tropical Schools of Medicine in England may in time be able to provide similar examples; and, in this connection, it struck some of us as somewhat singular that no official representative of that school was present on this occasion.

Fig. 1.

Syndactylism of the left foot in an adult is shown in the diagram (Fig. 1).

SECTIONS.

In the section of internal pathology the discussions were classified by the President, Dr. Comanos Pascha, into—(1) Dysentery and liver diseases, presided over by Professor Nothnagel; (2) malaria and other fevers common to hot climates, over which Professor Bouchard presided; (3) cholera and plague; (4) tuberculosis, with Professor Maragliano as president.

A discussion on the cause of dysentery and biliary calculi provoked differences of opinion. Doctor Kartoulis found that more than one half his cases of liver stone were associated with dysentery and its sequelæ, and thought that if dysentery cases were well cared for liver stone would not ensue. The next speaker differed inasmuch as he considered dysentery to be caused by a cocco bacillus, and not by an ambibe. Pro-

fessor Chantemesse held the opinion that there are two forms of dysentery, one caused by an ambibe, endemic and causative of liver abscess; the other caused by a bacillus, epidemic in character, and similar to but quite distinct from those of cholera or typhoid.

Some important observations were made on the subjects of cholera and plague. Dr. Bitter described the measures adopted to combat these epidemics in Egypt; the methods on which he would rely being efficient quarantine and internal sanitation, the latter being the most important. Dr. Ruffer, who has had a large experience, supported those views, and invited members to visit the Quarantine Station. Dr. Bitter pointed out that formerly, of all measures for warding off epidemics, Egypt fell short of the most important—the drinking water. The epidemic of cholera of 1902 was attributed to this cause. He mentioned that the microbes in the last two epidemics of cholera and plague were extremely virulent, and it is probable that, but for the energetic measures adopted, a much greater mortality would have occurred.

Among the numerous difficulties the authorities have to encounter is the objection of the natives of Egypt to drink any other water than that of their beloved river Nile; and I was told that when pure water was supplied by the Government in cholera-stricken districts for their use, the people would ignore it, and get water from the Nile stealthily at night, as they have a fixed idea that the chief object of those in power is to provide an efficient means of poisoning them off.

Dr. Gottschlich maintained that the plague appeared in two distinct forms in Egypt—one the ordinary summer type, which is evidently bubonic and relatively benign in character. It is also caused by rats. The winter type occurs but rarely. It is malignant, and is essentially disseminated by primary pulmonic cases. The revival of the epidemic in springtime is caused by the swarming of rats. Isolation and disinfection of early cases could almost always prevent the outbreak of a pneumonic epidemic, he thought. He laid great stress on thorough disinfection.

Some interesting papers were read on tuberculosis, and, among them, Professor Doumer spoke of the good results he had obtained from quickly succeeding electric currents in the treatment of tubercle.

Leprosy was another subject of much interest introduced in a paper by Dr. Sandwith, who also showed some clinical cases and specimens of leprosy bacillus. Dr. Engel Bey stated that leprosy is in on the increase in Egypt, and demands some legislative interference. At present leprous subjects are admitted into the general wards of the hospitals, and there are no special arrangements to provide for their segregation or superintendence generally. When we recall how much good has been effected by these means in other countries, it is a matter which might with much advantage be taken up by the Egyptian sanitary authorities, so much the more inasmuch as the doctrine of diffusion by dirt and contact seems to be generally acknowledged. This applies, not only to Cairo, but to Egypt generally, for I found at Luxor the same laxity existing.

H. E. Dr. Ibrahim Pacha Hassan read an instructive paper on the subject of tubercle. He pointed out the great prevalence of the disease, especially among the Soudanese, and the general rapidity of its course when they are employed in Lower Egypt. He deprecated sending out consumptive invalids to Egypt, unless in the earlier or more chronic forms of the disease. These do well in the higher lands where surrounded by desert air. At Mena or Assouan the more active forms appear to be rather aggravated than relieved. One cannot imagine any atmospheric conditions more suitable than some to be found there, but the cases sent ought to be carefully selected; and it occurred to me that it would be a wise precautionary measure always to seek the advice of some physician well acquainted with the country beforehand. This is the more easy as there are those who, like Dr. Page May, spend their time alternately in England and Egypt, and are readily accessible.

On the subject of malaria, Dr. Fornario pointed out that malarial conditions in his country were frequently mistaken

for something else, and particularly typhoid, as the attacks often ran an irregular course; and one can readily understand in a country subject to periodical inundation, and with defective sanitary arrangements and doubtful drinking water, how this must be the case.

Statistics are not much to be relied upon, for it seems to be inherent in the native Egyptian mind to keep as many deaths as possible from being known—it is an easy matter in remote villages to bury the dead quietly in the desert at night and the authorities be none the wiser. It seems probable that the figures given of the number of deaths in the last epidemic of cholera are nothing like the real total. This will apply with even greater force to former epidemics.

It is a remarkable circumstance that scarlet fever is never seen, while typhoid fever is common, and that whooping cough is practically unknown. To what an extent smallpox has raged may be seen in the numerous pitted faces of the older inhabitants. No country offers a better argument in favour of vaccination. In 1901 Port Said had 174 cases of smallpox, of which 56 were fatal. Compulsory vaccination was carried out, more than 30,000 people being vaccinated out of a population of 47,000, and not a single further case occurred.

A paper by Dr. Warnoch, Superintendent of the Lunatic Asylum in Cairo, on hasheesh insanity, described in graphic terms the varied forms in which this makes its appearance, and its likeness, in many respects, to the effects of alcoholism in other countries; and he maintains that the abolition of hasheesh as a narcotic indulgence in the case of the oriental, if replaced by alcohol, would have still more injurious influences than a restricted use of the drug can have. At present about twenty-seven per cent. of the insane cases in Cairo Lunatic Asylum during the last six years are attributed to the excessive use of this drug.

Dr. Beddoe, in speaking of ear diseases and of the effect of the climate of Egypt on such cases, considered that the beneficial effects were most observed in those cases which were due to repeated catarrhal attacks of the upper air

passages; and recommended for such patients the places away from cities and the area of cultivation—the resorts where the patient would breathe only the dry invigorating air of the desert, notably Assouan.

IN THE SURGICAL SECTION.

The subject of bilharzia was fully discussed. Dr. Loos exhibited a most complete collection of parasites. In a paper on the pathology of bilharzia, Dr. Loos stated his conviction that the parasite entered through the skin, though experimental proof is at present lacking; but he pointed out that the people mostly attacked are the fellaheen of the cultivator class who worked barefooted in the field, often under water. Dr. Ali Labib observed that ninety-eight per cent. of the urinary fistulæ met with in the Nile Valley are due to the parasite.

Professor Symmers described a number of specimens of disease due to bilharia, some of which were probably unique. Among them were bilharzial cirrhosis of liver, in which numerous ova were found in the new tissue; a uterus removed by Mr. Madden as an epithehoma of the cervix uteri—the cauliflower-like growth, exactly resembling epithelioma, consists of a loose fibrous tissue enclosing bilharzia ova; bilharziosis of rectum, looking very much like syphilitic tubercles: early and late specimens of the same in the bladder—in some entirely filled with the growth; papillomata in the colon, in lobulated masses (these are rarely found in the small intestine); uterus and ovaries of a child four years of age. Attached to one of the ovaries is a fibrous tumour containing ova of bilharzia. The child died of hydrophobia, and no bilharzia was found in the portal vein.

In England we can hardly appreciate the ravages of this dire disease. It is significant to learn from a statement of Dr. H. Wildt that in the province of Behera most of the whole male population are more or less affected by it, and that eight per cent. of the entire male mortality is due to that disease. It is disappointing to hear from him that the treatment is in general only symptomatic—no cure at present seems to have been discovered.

Dr. Frank Milton spoke of its surgical effects, and of the good results of oil of male fern in controlling hæmorrhage caused by it. Calculus is common in association with bilharzial tumour in the bladder, and, in these cases, he advocates crushing rather than any cutting operation. Some of his cases I saw in the wards of the hospital. In one of them, in a woman, the bladder tumour reached as high as the umbilicus. Special wards are devoted to cases of bilharzia, owing to the preponderance of such patients. Their condition is usually a most pitiable one, and strongly reminds one of cancer wards in England. The limits of surgical cure and relief are very similar in each instance.

Mr. James Cantlie has recently called attention to cases of bilharzia introduced into this country, and suggests that in cases of hæmaturia of a doubtful nature especially, a careful examination should be made for the parasite.

A paper on tuberculosis of a surgical kind was read by Dr. Madden, who observed that tuberculosis in Egypt tended more to localisation than in this country. Among the Soudanese especially the power of resistance is feeble, and the disease, once lodged in the bones, appears to be ineradicable. In tubercular cervical glands caseation usually occurs early and required free excision. Tubercle of bone is common, especially in the sternum and the pelvic brim—more often than the vertebræ. The hip joint is rarely involved, the knee more frequently, and the ankle and elbow most commonly.

A discussion on the treatment of abscess of the liver resulted in a general expression of opinion in favour of free incision as far back as possible, but adverse to washing out of the abscess cavity. Dr. Voronoff gave an analysis of 1,094 cases with an average mortality of thirty per cent., and advocated a large incision and free scraping and cleansing of the cavity. This did not meet with general acceptance.

Mr. Reginald Harrison read an interesting and important paper on the geographical distribution of stone,* in which he described the mode of its formation and the various conditions which induce its development.

* Published in full in the *British Medical Journal* of January 17, p. 121.

Mr. R. Harrison also showed some specimens of enlarged prostates which he had removed with success. Dr. Giordano related two cases in which he had sutured the left ventricle of the heart for stab wounds, one of which died.

Numerous other subjects were dealt with—many of much interest, especially to those who appreciated the variety of language adopted.

In the section of ophthalmology, some interest was added to the proceedings by the subsequent announcement of Sir Ernest Cassel's munificent donation for the endowment of research into eye diseases in Egypt. Some such active interest seems sorely needed in a country where the victims are so numerous, and superstition and ignorance tend to thwart the best efforts of sanitarians.

Dr. Fischer looks upon ophthalmia as a national calamity, and, being highly contagious, he advocates eradicative measures, chiefly directed to hygiene and general enlightenment. Much has of late years been done in this direction, especially in the schools of Cairo. He would like to see notification and isolation where necessary carried out under the control of the Sanitary State Department.

Dr. Mohammed Eloni Bey has already done much to lessen this scourge, and he also advocates periodical examination of the eyes of all children between the ages of one and five years, half-yearly.

One of the most interesting features of the Medical School consists of

THE ANATOMICAL MUSEUM.

The anthropological and comparative anatomical specimens as described by Professor Elliot Smith include an unique collection of remains of the inhabitants of Egypt who lived before the first dynasty (*i.e.*, considerably more than 4,000 years B.C.), now commonly known as the "prehistoric" or "archaic" period. Most of the implements used by these people were made of flint, so that they may be regarded as connecting links between the neolithic and the early historical period. They belong to a "predynastic" epoch, which is not strictly either neolithic or prehistoric.

The whole museum has been arranged with the object of displaying these archaic remains side by side with corresponding objects from later periods of Egyptian history and modern times, and also with other vertebrate remains. Two cases containing a series of archaic bodies—of men, women, and children—with the skin, hair, and all the "soft parts" perfectly preserved; also a large series of actual prehistoric brains, eyes and other parts, are most instructive. In the central case there is a series of heads (with hair) and limbs of the same period, and side by side with them mummified remains of various dynastic and recent periods. In the wall-cases there are several hundred archaic crania, and, in the lower cases, crania of later periods ranging from proto-dynastic times up to the present day. In the middle wall-cases there is a series of pathological and pseudo pathological specimens of the predynastic and early dynastic periods. One of the crania in this case is of special interest, as it presents a lesion such as is caused by syphilis—probably caused by insects. In the same case will be found two sets of splints, which are probably the earliest known. They are of wood, covered with linen, two being used for the forearm, and fastened by bands of linen tied round, with a pad opposite the seat of fracture. In one instance linen is seen plugged into a compound fracture in which no union has taken place; probably the patient died quickly. In a case of Colles' fracture (about 3400 B.C.) there is good union.

In one instance there are four splints round a fractured femur about the middle, in which the knee, but not the hip joint has been fixed. The are also some splints made of bark and moulded to the limb very much as we employ leather or pasteboard, enveloping the entire circumference of the limb. One splint I saw was made entirely of reeds covered with linen, much like the splints we used to see a few years ago. It is abundantly evident that the ancient Egyptians 6,000 years ago understood the principles of the treatment of fracture as well as we do. Some of the femur fractures are very oblique, but there is firm union. Ulna fracture is common, that of radius very rare, in women, which Dr. Elliot Smith ascribes to the fact that women would

naturally defend themselves from blows with the ulna most vulnerable. In some both ulnæ are broken. These bones are prehistoric.

Some renal calculi (four) were found in a kidney of the II. Dynasty (4,200 B.C.)

There is an interesting prehistoric unreduced dislocation of the knee with a new tibio-femoral joint. The effect of this is that the leg is flexed forward in a most extraordinary way, which can only be explained diagrammatically thus. There is

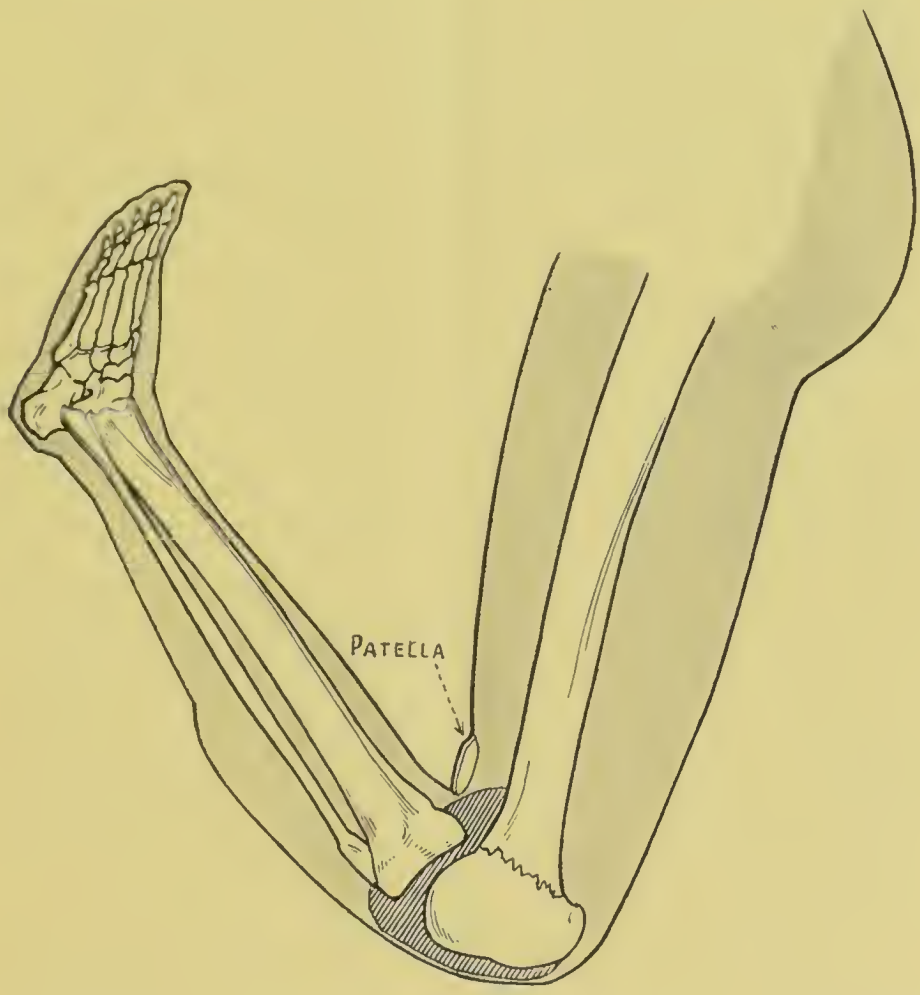


Fig. 2.

Dislocation of tibia and fibula forwards, with perfect false joint, and fracture of femur through condyles in an archaic mummy, Cairo Anat. Museum. About 5000 B.C.

a perfect false joint in front of the condyles of the femur, and the patella has disappeared.

On one side of this room there is a series of vertebrate skeletons for purposes of comparison.

In Room I. is a large number of cases, mainly devoted to the exhibition of series of bones, chiefly prehistoric. The series of several hundred sacra is of special interest as showing the extreme variability of the archaic sacrum—the part of the skeleton so markedly affected by the assumption of the erect attitude. The bulk of the archaic remains was obtained by the Archæological Expedition of the University of California (under the direction of Dr. George Reisner, at Naga-ed-dêr, opposite Girga (Upper Egypt), in the winter of 1901-1902; other prehistoric and early dynastic remains were dug up by an Expedition of the Egyptian Exploration Fund in the winter of 1900-1901 at El Amrah, near Abydos, Upper Egypt. Other cases contain respectively series of femora, ossa innominata, tibiæ, fibulæ, humeri, radii, ulnæ, tarsalia, carpalia, costæ vertebræ. claviculæ, and sterna; others contain mummies of various epochs, the bones of children (both archaic and later), and skeletons of particular interest. On the floor in this room there is a series of mummies in their wrappings, awaiting further investigation. There is also a series of "wet preparations," including specimens showing the perinæum of a eunuch, the perinæum of an infibulated Soudanese woman, a series of monstrosities, and a series of brains. Among the latter is one (belonging to an ordinary Fellah) weighing 1,980 grammes, and another, almost entirely devoid of cerebral hemispheres, belonging to a child who lived three months. No amputated limbs have been discovered in the prehistoric remains, nor any trephined skulls. But there are some cases of fused phalangeal bones, which clearly cannot be ascribed to the use of boots.

I noticed an enormous prolapse of the rectum in the mummy of a woman, which was, when first found, covered over with a chamber vessel. So that some sense of decency prevailed then even after death. In many of the shrunken prehistoric brains the convolutions can be clearly defined, and, by means of plaster casts of the skull, exact representations of the form and size of the brain are produced. The eyes, too, show the lenses in situ—some almost in a perfect state. All

these are prehistoric and date back at least 6,000 years. The bandaging of some of the mummies is beautifully done, and I think I have never seen any modern bandaging so perfect. Very fine linen has been used for the purpose usually. No attempt seems to have been made to ascertain whether disease germs might be found in the mummies or their coverings. It is quite possible experiments in this direction might bring some interesting facts to light. If cereals can live so long, some spores might also retain their vitality, one would imagine.

The Anatomical Museum is entirely the work of Professor Elliot Smith—with whom it has been a labour of love; and the valuable gift of the principal archaic remains was conditional on a description of them being published—a work which Dr. Elliot Smith has undertaken to carry out.

The beneficial results of the work of the Congress to Egypt in promoting the welfare of the people, and in stimulating scientific research, can hardly be over-estimated. The vast store of medical knowledge which Egypt had accumulated in the very earliest ages, as evidenced in the famous Ebers papyrus, dating about 3,500 years ago, is truly remarkable. That book contains 110 pages devoted to the diagnosis and treatment of bodily diseases, and is probably the oldest medical work in existence.*

The chief diseases from which the ancient Egyptians of that and earlier periods suffered are those which still attack their descendants: ophthalmia, affections of the stomach, abdomen and bladder; worms, the Nile pimple, epilepsy are among those most common. Anæmia, so prevalent now, seems to have been equally common then, and was, no doubt, caused by the parasites of bilharzia and ankylostoma, as at this day.

A quotation from the Ebers papyrus, given by Maspero, describing the early stages of typhoid, is as follows:—"The abdomen is heavy, the pit of the stomach painful, the heart burns and palpitates violently. The clothing oppresses the sick man, and he can hardly support it. Nocturnal thirsts.

*King Teti, a thousand years before, is said to have composed books of medicine. (Maspero).

His heart is sick, as that of a man who has eaten of the sycamore gum. The flesh loses its sensitiveness, as that of a man seized with illness. If he seek to satisfy a want of nature, he finds no relief." This, says Maspero, gives the diagnosis as well as any modern physician could, though in more flowery language.

The God Thot appears as their first physician and surgeon, while Tcheser, King of the III. Dynasty, who built the Step Pyramid of Sakkara B.C 3900, was renowned as a physician, and the study of medicine at that remote period was divided, as now, among specialists: "Every place possessed doctors for the eyes, others for the head or teeth, or the stomach, or for internal diseases" (Herodotus). It is probable that the only real distinction was between those trained in the priestly schools who practised generally, and the exorcist who professed to cure by the sole virtue of charms and magic. The most brilliant epoch was, however, in the Middle Ages, when the scientific writings and influence of Arab doctors were paramount. As Western influence increased, scientific research declined in the Egyptian schools, and appears to have sunk to a very low ebb. So that medicine generally ceased to exist as a science in Egypt. The revival of the scientific study of disease dates from the time when Mehemet Ali, about one hundred years ago, introduced foreign professors to teach the knowledge of which Alexandria and Memphis once held a monopoly. More recently a further revival has taken place in the development of the Medical School of Cairo, both as a centre of training of students and for research. The present Cairo School of Medicine has a full staff of professors, most of whom are English, a full and complete equipment of lecture theatres, laboratories of all kinds, dissecting rooms, museums, library, and so on—exceedingly well arranged in a building in every way adapted for the purpose. In the adjacent garden is the Kasr-el-Aini Hospital, where the clinical work is carried on. There are about ninety students (natives), who all have a knowledge of English. The dissecting room is a light, large and airy one, and the supply of subjects is practically unlimited. There

were six on the day I saw it—formalin is used for preserving them—and the students I saw seemed very earnest at their work. In connection with the school is the Government Toxicological Department, where the Government analyses are made. The number of poisoning cases, both of men and of animals, is extraordinary—there were 160 last year—and the crude manner in which it is often carried out is not the least singular part of it. Bread containing large lumps of white arsenic, eggs or brown bread containing masses of orpiment quite easily recognised, show a degree of simplicity one would hardly expect in a poisoner. A common poison consists of the seeds of wild henbane (hyoscyamus muticus), another favourite is corrosive sublimate, and in abortion cases powdered ergot. Camels are especially the victims of this cruel practice. In every case a full report is made—most useful object lessons for the students. The course of study extends over four years: then one to two years have to be spent in hospital practical work before being admitted to examination for a diploma. Preliminary education is often deficient, as there is at present no fixed standard for it. A licence to practise is usually obtained after examination at Paris or some other French University, but the diploma is available only to practice in Egypt.

It is hoped that the report by Mr. Reginald Harrison of the working of the Medical School may induce the English authorities of some of our licensing bodies to admit Egyptian students, under certain regulations, to a qualifying examination for an English diploma. This is much to be desired, and would be welcomed by the Anglo-Egyptians all the more inasmuch as the English language seems to be rapidly supplanting French in the ordinary intercourse of Egyptian life, commencing in the elementary schools, where English is now systematically taught. This leads me to speak of the Kasr-el-Aini Hospital, where the clinical teaching is carried out. It was formerly a palace, is the largest in the country, and contains about 420 beds; and for a converted building is well adapted for the purpose. The wards are arranged with large openings into open corridors, so that the inmates

are practically in the open air. Some of the windows look out on the River Nile, which is here very wide. Much of the work is done in the open air, especially in the dispensary department.

I noticed many improvements introduced by the present energetic director, Dr. Keatinge, such as having cans for sterilized water, with padlocks to prevent any tampering; milk also in the same way. It is sterilized, sealed up in cans, and then placed in the ice house. The Gamgee tissue and dressings are all prepared by the Government Sanitary Department, by which all the hospitals are controlled. There are excellent bathrooms in a separate building, with shower-baths ranged round a large room. The nursing is done by English Sisters, with native nurses under them, and male nurses for the men. The native women prefer to come into hospital during the summer, as they think healing then is more rapid. Many of the patients are with difficulty kept in bed, as they much prefer the floor. All kinds of cases (except midwifery) are admitted, and a very large amount of surgery is done. Numerous cases of ankylostomiasis and bilharzia are always in the hospital, also ophthalmia in its various forms, chiefly trachoma. The intense anæmia of ankylostoma is very striking, and I saw one specimen, taken from a fatal case in which peritonitis caused death, where the worm can be seen just protruding through the bowel and causing perforation. Usually it does its bloody work as a leech does, by sucking the life blood of its victim. Happily the disease is remediable. Large doses of thymol are found most effective to kill the parasite; after this iron is given.

Some cases of pellagra looked very much like Renaud's disease, others like a mixture of eczema and dirt. It is said to be caused by eating maize. The recognised diagnostic sign between syphilis and leprosy is in the anæsthesia accompanying the latter, and some cases were shown to illustrate this. Most of those I saw were of a mild type. The results of surgical operations are said to be very good—due, no doubt, to the care exercised as well as to the amount of fresh air about the place. The birds seem quite at home in the wards

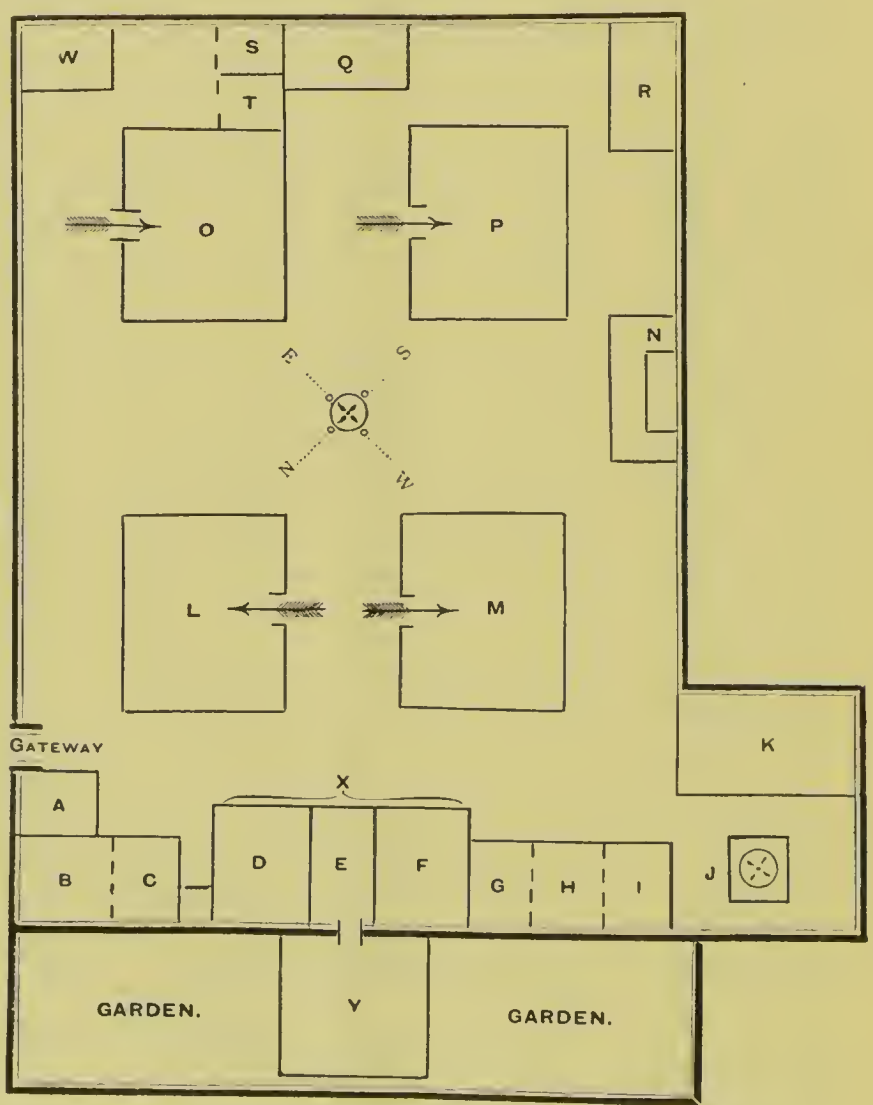
and passages, and are remarkably tame everywhere, as they are never interfered with. The general impression one gathered from the hospital work was that of active medical life, and of enthusiasm on the part of the staff, which needs only encouragement on the part of English governing bodies to develop eventually into a fully recognised school for those desirous of obtaining British qualifications.

In visiting Thebes and Luxor, about 450 miles south of Cairo, I had an opportunity of seeing what has been done there for the natives, as well as for the visitors. There are good hotels for the latter, and there is an excellent hospital for natives, at which a great amount of useful work is done. It was built about twelve years ago, and is largely maintained by the members of the firm of Cook and Son, who here rule supreme. It is built on rising ground, near the Nile on the one hand and the open desert on the other.

The buildings consist of an administrative block with four large detached wards, and an isolation ward, post-mortem room, kitchen, etc., each under a separate roof. One ward is walled off from the rest—the hareem of the women—with separate sanitary arrangements and bathrooms. In the main block are patients' waiting-rooms, surgery and dispensary, a small operating room, store rooms, bath and wash-house, and rooms for the servants, also quarters for the resident medical officer. All is on the ground floor, and most convenient for ready access. A new operation room has been planned, and will shortly be added—a very necessary provision. The staff consists of a superintendent medical officer, a resident medical officer, who is a qualified native surgeon, four native male and one native female attendants on the sick, and three servants who act as cook, doorkeeper, and water carrier. There are about thirty beds, with an average of about twenty patients. Dr. Bertram Abrahams was the acting superintendent medical officer, and very kindly showed me everything. His native assistant, Dr. Raschid Yusuf Effendi, performs most of the operations, and is responsible for the general management of the place.

The administration is excellent, especially when the large amount of work accomplished there is considered. A sketch plan will better convey a general idea of the institution, and is worth reproducing from the excellent report of last year.

ROUGH GROUND PLAN OF LUXOR HOSPITAL.



A, Porter's Lodge—**B, C**, R.M.O's House—**D**, Out-Patients' Department—**E**, Out-Patients' Waiting Room—**F**, Dispensary—**G, H**, Store Rooms—**I**, Bath Room—**J**, Well—**K**, Kitchen—**L**, Medical Ward—**M**, Ophthalmic Ward—**N**, Sanitary Arrangements—**O**, Hareem Ward—**P**, Longmore Surgical Ward—**Q**, Isolation Ward—**R**, Post Mortem Room—**S**, Sanitary Arr. Hareem—**T**, Bath Room Hareem—**W**, Water Tank—**X**, Administrative Block—**Y**, Operating Theatre.

The garden is nicely laid out with bright flowers and palms and eucalyptus trees; and the numerous birds make themselves quite at home in the wards, as well as elsewhere.

The resident medical officer is allowed to practise among the residents of Luxor and neighbourhood, and may receive into the hospital any private cases willing to pay for their maintenance.

The work is, no doubt, somewhat rough; but, when we find that 388 in-patients and 10,400 out-patients have been treated during the year, that 250 operations have been performed, including 21 cases of lithotomy and 30 of cataract, nine amputations, and a large number of other major operations, with a total mortality of only six deaths, *i.e.*, .15 per cent.—only one of which was after operation (lithotomy), *i.e.*, .4 per cent.—we shall agree that the work is such as reflects the highest credit on the staff. Chloroform is administered by the native senior assistant (unqualified), who also acts as dispenser, and during the twelve years there has been no accident from an anæsthetic. Twenty-one cases of perineal lithotomy—many being very large calculi—with only one death, speak for themselves. No doubt the surgical success is largely due to the fact that the patients almost live in the open air, and the absence of any overcrowding. Septic troubles seem practically unknown, although one would imagine many of the patients are very likely subjects for them; and I cannot help thinking it may be due also to the fact that here there are *not* "too many fingers in the pie." I was much pleased with all this, and came away with the conviction that the grandest hospitals with the most brilliant staffs have not that monopoly of success which some would claim for them.

The entertainments provided for the members of the Congress enabled them to see to the best advantage some of the most interesting sights at Cairo. A reception, followed by a dance on the opening night, was an agreeable way of bringing us all into harmony. On another occasion the members were entertained at the New Museum—a very fine building to which the Ghizeh Museum has been transferred—by Professor Maspero and his assistants, who pointed out and explained the most notable objects—objects of the utmost interest.

A midnight fête at the Pyramids of Ghizeh afforded an opportunity of seeing the Sphinx illuminated and the weird effects of moonlight on the ancient pyramids. Bedouin performances, Arab horsemanship, and the extraordinary dancing of the Dervishes to the accompaniment of an Arab band (much more novel than musical), in the biting cold desert air, was a strange but fascinating experience.

The Khedive invited all the members, with the ladies also, to an afternoon reception at the Abdin Palace, and graciously received them, accompanied by some of his Ministers of State. A delightful afternoon was spent, as all the State rooms of the Palace were utilized on the occasion. On Sunday His Highness gave an invitation to visit the Barrage— a very important engineering work a few miles from Cairo. The trip down the Nile in the Khedive's private yachts, and afternoon tea in the beautiful gardens, formed another of the pleasant interludes of work. An Arab fête was given by invitation of H. E. and Madame Ibrahim Pascha Hassan and M. and Madame Voronoff, but did not appeal much to English tastes.

This sketch would be very imperfect without some reference to the special advantages which Egypt affords to invalids. With the exception of Hamman R'Hira in Algiers, I know of no place where hot sulphur baths can be found suitable for winter except at Helouan. In less than five days from London we may find there a perfect climate and warm sulphur baths. Of Egypt generally it would be superfluous for me to speak. The class of cases suitable are sufficiently well known. But I should like to say something of what I saw more especially at Helouan and Mena. An excellent little work by Dr. W. Page May on Helouan gives a graphic account of it, and should be consulted by everyone who thinks of going there. Situated about twelve miles from Cairo, at the foot of the Mokattam range of hills, on the skirts of the desert on the one side, and the Nile Valley on the other, and about two hundred feet above it, within view of the majestic Pyramids of Giza, Saggara and Darfûr, with Arab villages and palm groves nestling at their feet, and the lovely shades of colour only to be met with in Egypt, it is an ideal place for

placid repose and climatic delight. Here we find some warm sulphur springs with a complete bathing establishment, where every possible facility is afforded for their use. To meet with these waters in a situation such as this, where sunlight is almost constant, where the air is almost absolutely pure and free from germs of all kinds, and with all the comforts and refinements of modern hotels, is almost unique.

The bath establishments are the property of the Egyptian Government, the old one being reserved for second-class patients; the new buildings, opened in 1899, are as perfect as any of their kind elsewhere. There are baths of every description, from large swimming baths down to douches of every kind. One special feature consists of large sitz baths in which the patient is immersed, while sulphur water of any desired temperature is running the whole time, and massage meanwhile carried out.

The water chiefly used is sulphur saline, which comes up at the springs at a temperature of 91 deg. F., and is very active, so much so that it has been found necessary to use aluminium pipes to convey it, as all other metals were so quickly corroded. The appointments are most complete, admirably arranged, and beautifully kept. There is ample and most comfortable hotel accommodation, and it is within easy access by rail from Cairo. Dr. Page May, through whose influence the recent improvements have been undertaken, entertained a number of the members on Christmas Day, in brilliant sunshine and summer-like surroundings, which made it a memorable day for those who had the good fortune to be there As to the class of cases most likely to benefit, we were told that rheumatic and gouty persons derive most advantage, while cases of Bright's disease, some forms of neurasthenia, and those requiring an eliminative treatment do well. Some anæmic and strumous patients derive much good from the pure air and chalybeate waters. Medical advice should, however, always be sought before any active treatment is undertaken. A very favourite resort for invalids is at Mena House, situated at the foot of the Pyramids of Giza, on the borders of the desert, about eight miles from Cairo. A frequent tramway service renders it easily accessible and more attractive to

those who desire to be within reach of city amusements. Sometimes the patient's friends, as well as the patient, have to be considered in the event of a prolonged stay. Mena House is in itself a place of interest as well as a most comfortable hotel. Some of the best specimens of Mooshrabeah work to be found anywhere are to be seen here, and lend an attractive interest to the place. Apart from its open situation at the foot of the great pyramid, Mena House has the great advantage of a pure water supply of its own, drawn from deep artesian wells, its own dairy, vegetable and fruit gardens, laundry, swimming and other baths, and golf links close at hand. There are no insect pests. Carriages and donkeys are plentiful, or, for those who want their livers shaking up, camels are available. It is an excellent place for a prolonged stay, especially for those who are well enough to enter into the amusements provided.

The cases which derive most benefit are such as early tubercle, asthma, uncomplicated heart disease, anæmia, and chlorosis, atonic forms of dyspepsia, and chronic Bright's disease. For general breakdown from overwork or anxiety, no better place can be found, so long as the quiet life does not become monotonous, when a voyage up the Nile may be substituted with advantage. The constant change of scene on the Nile in a steamer or dahabeah acts as a nerve tonic, and the ever-varying colours of land and sky, always soft and beautiful, have a soothing influence which is invigorating, and leads to cheerfulness by day and sound sleep by night. The vessels are moored at night, when absolute silence prevails, and undisturbed sleep can be secured. This in itself is no small boon to many. Even the birds are silent. Every comfort is provided now on the Nile steamers, and, for those who have the time and money, a private dahabeah affords a sort of amphibious Paradise.

As an illustration of the carying conditions, climatic and otherwise, of Egyptian life, I reproduce part of the official programme of the first day's proceedings on December 19th:

"Les délegués, membres du bureau du Congrés et des Sections, en habit et décorations.

Les militaires en uniforme.

Les dames en toilette de ville.

3 h. de l'après-midi. Reception des délegués officiels au Palais d'Abdine par S. A. le Khedive.

Tenue: en redingote.

9 h. du soir à minuit. Fête de Nuit aux Pyramides, organisé par le Comité.

Les invités sont priés de se trouver à 8½ h. du soir à la station des Tramways au pont de Kasr-el-Nil ou se trouveront les wagons mis spécialement à leur disposition.

Tenue: Toilette de ville.

On recommande spécialement aux dames de su munir de manteaux chauds."

When we remember that the night temperature was about 40 deg. F., and the day ranging from 60 deg. to 70 deg., you will readily understand why such necessary precautions as to dress were given. It would be well if invalids and others going out from England would observe them more rigidly. One of our party had a sharp bronchitic attack from sitting in the verandah of the hotel a short time after sundown, when a drop of 15 deg. to 20 deg. often rapidly occurs.

On our journey homeward we were considerably alarmed, on arriving at Port Said from Cairo, to hear that strict quarantine regulations were in force, and began to quake lest we might have to be detained in this ungodly place for some time. However, as the night wore on and the hour of midnight approached when we were to board our ship, the difficulties seemed to soften down, and, instead of having to appear before the sanitary officials and make our declaration, we found that the travelling agent had done this for us and come to the hotel provided with a document which would enable us to go on board after passing this, the Quarantine Station. As some may not have had the experience, it may be interesting to know what this means. To us it meant going to the extremity of the quay, where some sheds were railed off, to find ourselves at midnight on a pitch dark night in an iron shed which looked, on entering, like a lethal chamber provided with disinfectors and *hoc genus omne*. At a small table

sat two Egyptian officials with an open book before them, and we were each asked to sign our names, destination, and so on; and, having done this for what it was worth, had to wait on a bitterly cold night on a wooden quay for a boat to take us off to the ship—the alternative was to wait in the plague- and cholera-stricken den where all the disinfecting went on, and most of us chose the open-air alternative. When the boat arrived, with only one boatman, a drop of about four feet had to be encountered, and, at the imminent risk of death by drowning or by quarantine, we chose the former; and, after sundry adventures by colliding with other boats and so on, we eventually got landed on the S.S. Egypt.

This is one among many matters which might, with much advantage, be altered. I can hardly imagine how an invalid or infirm person could survive such an unpleasant ordeal; and, from an unofficial point of view, there really seems no reason whatever why anyone who has been reported as fit should not be allowed to reach the ship in any way most suitable for the individuals concerned. I mention this matter because inconveniences such as this, perfectly needless and senseless, are very serious drawbacks to those going out to Egypt, as so many do, for health.

Another thing which struck some of us as needing some attention is the slow and far from comfortable train service between Port Said and Cairo. From Alexandria things are better, but, as comparatively few steamers go to Alexandria, the fact does not much avail invalids and others going from England. No doubt in course of time these discomforts will be remedied, especially when the attention of medical men sending out patients, or even going out for their own pleasure, is drawn to them, and through them to the authorities concerned.

Egypt has charms to attract people in various ways: some by the weird and mysterious relics of bygone ages, others by the picturesqueness of the inhabitants and their surroundings, but most by its sunshine and singularly pure and luminous atmosphere—so remarkably clear, yet softening and subduing what would otherwise appear hard and unattractive, and bringing into contrast the most lovely clear tints of earth and sky it is possible to imagine. But, whichever may be the moving influence, certain it is that most people going out there for the first time will be delightfully bewildered with its mystery and beauty, as I have been. For a winter holiday no better place can be found.